

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14463

1678

BIRTH NO. APR 16 1953

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

| | | | |
|---|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | e. STREET ADDRESS (If rural, give location) 1200 Linwood 3528 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) S. c. (Last) Roberts | | 4. DATE OF DEATH (Month) (Day) (Year) 3 24 53 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 28, 1867 |
| 9. AGE (In years last birthday) 85 | | 10. MONTHS Days Hours Min. | 11. PLACE OF BIRTH (City and State or Foreign Country) Mobily, Mo |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Henry Roberts | |
| 14. MOTHER'S MAIDEN NAME | | 15. NAME OF HUSBAND OR WIFE Beulah F. Roberts | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No | | 17. SOCIAL SECURITY NO. 494-30-9812 | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21e. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from March 18, 1953, to March 24, 1953, that I last saw the deceased alive on March 24, 1953, and that death occurred at 6:45A m., from the causes and on the date stated above. | |
| 23a. SIGNATURE B.I. Burns (Degree or title) | | 23b. ADDRESS 24th & Cherry | |
| 23c. DATE SIGNED 3-24-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Mar 24, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Huntsville Cem | |
| 24d. LOCATION (City, town, or county) (State) Huntsville, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | |
| DATE REC'D BY LOCAL REG. 3-25-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Wilson L. Tophy, Indys, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4225
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.